



MEDICAL EMERGENCIES STATION

PRACTICAL STATION EVALUATION FORM

Date ____/____/____ Test Site Location _____ Scenario # _____

Lead Name _____ End _____

Assist Name _____ Start _____

Evaluator Name _____ Total Time _____

Second Evaluator Name _____ Transport Time _____

EVALUATOR INSTRUCTIONS – Mark only those items, which the candidates failed to perform as specified in the exam scenario. Additional skills may be performed which do not cause harm or delay primary treatments.

List specific error/omission in COMMENTS section to support each UNSATISFACTORY grade.

L - Lead, A - Assist, X - Both

A. PERSONAL BODY SUBSTANCE ISOLATION

___ 181. Takes body substance isolation precautions.

B. INITIAL ASSESSMENT

- ___ 182. Assess mental status.
___ 183. Assess adequacy of breathing and treat.
___ 184. Assess presence of pulse and treat.
___ 185. Assess for major bleeding and control hemorrhage.
___ 186. Identifies between "Load-and-Go" and stable patients

C. FOCUSED PHYSICAL EXAM AND HISTORY /RAPID ASSESSMENT

- ___ 187. Performs rapid assessment of patient(s) based on mechanism of injury and/or chief complaint.
___ 188. Assess signs/symptoms. (O-P-Q-R-S-T)
___ 189. Assess SAMPLE history.
___ 190. Assess head to toe, as indicated
___ 191. Assess baseline vital signs.

D. PATIENT MANAGEMENT/INTERVENTIONS

- ___ 192. Assists/administers medication(s) per appropriate medical direction/protocol.
___ 193. Checks appropriate medication parameters, before/after administration.
___ 194. Performs other interventions as indicated.

E. ON-GOING/DETAILED ASSESSMENT

- ___ 195. Reassess/manage changes in patient condition and adequacy of interventions performed.

F. PATIENT PACKAGE/LIFT & MOVE

- ___ 196. Patient properly positioned on appropriate transport device.
___ 197. Patient lifted to stretcher or moved required distance.

G. PPCR COMPLETION

___ 198. Report received by evaluator.

H. TIME LIMIT

___ 199. Exceeded Allowed Time Limit

EXAM STATION OUTCOME (Circle Score)

LEAD PASS / FAIL

ASSIST PASS / FAIL

COMMENTS _____

[PLACE ADDITIONAL COMMENTS ON BACK OF FORM]